GLOBAL NEUROPSYCHIATRY GROUP (GNG)

Monthly Newsletter

April 2026

Welcome to our April newsletter, sharing highlights from an eventful month for the GNG community. We welcomed new members, continued clinical discussions on the WhatsApp group, and held our monthly academic meeting on autoimmune encephalitis — a bridge between neurology and psychiatry. We are grateful to Prof Vincent for chairing the session, and to Prof Lennox and Associate Professor Handuneetthi for sharing their clinical experience and research. The full recording is available on the GNG website.

Webinars: globalneuropsychiatry.org/webinars

In this issue

1. Case Discussions

Thirteen rapid clinical pearls from the group's WhatsApp discussions this month. Cases are anonymised and reflect collective peer opinion, not individual patient advice.

1. Treatment-resistant Tourette disorder

A patient responded well to cariprazine. Other options discussed included medicinal cannabis and deep brain stimulation (DBS).

2. NMDAR encephalitis presenting as schizophrenia

A 13-year-old initially diagnosed with schizophrenia and involuntary movements was later identified as having NMDAR encephalitis. After a five-year delay, pulse methylprednisolone led to improvements in behaviour, cognition and academic ability.

3. Treatment-resistant REM sleep behaviour disorder (RBD)

A patient responded well to agomelatine (supported by case reports). Sleep–Wake Bed Partner (SWBP) questionnaires help elicit a clear history, and polysomnography has a role, particularly in idiopathic RBD; access can be difficult and video recording is a useful tool (for OSA, SWBP plus pulse oximetry gives an

initial impression). A single-question RBD screen — "Have you ever been told, or suspected, that you act out your dreams while asleep?" — has sensitivity 93% and specificity 87%; distinguishing nightmares from RBD can be challenging.

4. Difficulty finding and identifying objects around the house

Non-dominant parietal dysfunction with visuospatial problems, agnosia, deranged clock drawing and failure to recognise household objects pointed to posterior cortical atrophy — the correct diagnosis.

5. Suspected PCA, actually stroke

A patient initially thought to have posterior cortical atrophy was found to have a left occipitoparietal stroke.

6. Lamotrigine rash

Practical tips: warn patients and titrate very slowly (especially in the young); probably avoid lamotrigine where there is a history of autoimmunity; if a rash develops, advise prompt review and consider stopping or switching by severity; a benign rash settling within the first fortnight is usually not a concern; the rash to watch for presents with fever and confluent lesions predominantly on the upper trunk and neck; start low, go slow; be cautious with valproate and carbamazepine.

7. Bipolar disorder, olanzapine and high-altitude travel

A young, stable patient on olanzapine planned a Himalayan trip. Significant pharmacokinetic effects are unlikely, although hypoxia can downregulate CYP1A2 and potentially raise olanzapine levels. More notable risks: olanzapine may increase hypothermia risk via HPA effects, and its H1 antagonism can blunt the hypoxic ventilatory response — warranting caution, slow ascent and a clear evacuation plan.

8. Altitude-related psychosis on Kilimanjaro

A climber developed disorientation and paranoia from altitude sickness and improved after assisted descent. Isolated psychosis at very high/extreme altitude resembles the "third man phenomenon" described by Shackleton — a felt presence rather than a visible one.

9. Sleep difficulties after bone marrow transplant

Post-transplant sleep disturbance can be linked to a sustained chemotherapy-related cortisol response that disrupts melatonin. Prolonged-release melatonin 4–5 hours before usual sleep onset (reducing cortisol's impact and offering anti-inflammatory benefit), combined with a small intermittent dose of zopiclone 3.75 mg, proved effective in this patient.

10. Transient global amnesia (TGA) and neurodivergence

There is no strong evidence linking TGA to neurodivergence. The venous-congestion hypothesis plausibly unifies common precipitants (Valsalva-type triggers raising intrathoracic pressure and impairing jugular drainage), and may explain why vascular risk factors matter despite TGA not being ischaemic. Transient epileptic amnesia (TEA) can mimic TGA; video-EEG telemetry is more sensitive than routine EEG.

11. Epilepsy, ADHD/ASD and screening

Antidepressants and antipsychotics are underused in epilepsy, particularly in autism, owing to vulnerability to iatrogenic responses. Neurologists should consider screening for neurodevelopmental disorders (including family history) in first unprovoked seizures. Routine EEG remains standard first-seizure practice; the seizure–ADHD/ASD link is not yet strong enough for guidelines.

12. OSA, ADHD and stimulant response

A teacher with organisational difficulties and excessive daytime sleepiness had severe obstructive sleep apnoea. After 18 months of CPAP his sleep improved, but ADHD symptoms persisted until he started stimulant medication.

13. Recurrence and atypical features in TGA

Recurrence rates vary widely (3–25%); a second classic episode 6–8 weeks after the first may be considered atypical. Each recurrence does not necessarily need acute attention but warrants monitoring. TEA recurs more often than TGA but is much rarer; patients are generally advised of a ~10% lifetime recurrence risk. Lip-smacking with a blank spell should prompt consideration of alternative diagnoses.

2. Papers Shared

A curated list of recent, practical papers shared by members, with brief take-home points. Full links are collated in the References section.

Tetrahydrocannabinol and cannabidiol in Tourette syndrome (NEJM Evidence)

A double-blind crossover trial found THC/CBD reduced tics in severe Tourette syndrome, with potential benefit for impairment, anxiety and OCD symptoms, though some participants had cognitive difficulties.

Suicidal thoughts and behaviors in anti-NMDA receptor encephalitis (J Neuropsychiatry Clin Neurosci)

13/14 patients achieved remission after immunotherapy, but one with significant psychosocial risk factors had persistent affective and psychotic symptoms years on (now stable on clozapine) — a reminder that prior mental-health history shapes psychiatric outcome. Shared with commentary by Prof Ramírez.

Dementia in severe schizophrenia (SETRS)

In 155 people with severe, extremely treatment-resistant schizophrenia, 98.7% scored below the MCI cutoff and 47.1% below the severe-dementia cutoff; the pattern differed from Alzheimer's, FTD and Lewy body dementia, with no evidence of Alzheimer's pathology or vascular explanation.

Management of REM sleep behavior disorder: AASM systematic review, meta-analysis and GRADE assessment

Identified 45 interventions across 148 studies, using GRADE to appraise evidence and make recommendations.

Clinical trials in REM sleep behaviour disorder: challenges and opportunities (JNNP)

RBD is an ideal population for testing disease-modifying treatments for synucleinopathies; the paper outlines a framework spanning treatments, recruitment, design, outcomes and dissemination.

Haemophagocytic lymphohistiocytosis precipitated by lamotrigine (Practical Neurology)

Two young adults developed HLH, a life-threatening hyperinflammatory syndrome, after starting lamotrigine; prompt recognition, immunosuppression and discontinuation were crucial.

Creutzfeldt–Jakob-like presentation in anti-AMPAR encephalitis (Annals of Neurology)

A 68-year-old woman had rapidly progressive symptoms with cortical ribboning on MRI and PET hypometabolism; despite immunotherapy and oncologic treatment she developed cortical laminar necrosis and hemispheric atrophy.

Isolated psychosis during exposure to very high and extreme altitude (PubMed)
Analysed 83 cases, identifying three clusters: no psychosis; psychosis with HACE/other mental-status changes; and isolated psychosis — characterising a distinct medical entity.

Electroconvulsive therapy: long-term risks and benefits from administrative health data
Modern observational data suggest ECT is safe, with no increased risk of dementia or cardiovascular events, and likely reduces suicide and all-cause mortality.

Novel drug treatments for schizophrenia (Nat Rev Drug Discov)
With approval of xanomeline/trospium, the review highlights the need for new drug targets beyond D2 antagonism — across neurotransmitter systems, immune processes and inflammation.

ADHD in adults with epilepsy: a guide for neurologists
ADHD and epilepsy have a bidirectional relationship; adult ADHD management in people with epilepsy remains under-explored despite good support for children.

Autism spectrum disorder and epilepsy: pathogenetic mechanisms and therapeutic implications (J Clin Med)
A review of the epidemiology, mechanisms and management implications of this comorbidity.

Beyond the brain: unilateral abdominal seizures as a manifestation of neurocysticercosis
A 14-year-old boy with brief left-sided abdominal movements and intact awareness had a right perirolandic cystic lesion (neurocysticercosis); seizures responded to oxcarbazepine.

Functional cognitive disorders: clinical presentations and treatment approaches (Practical Neurology)
FCDs cause subjective and mild cognitive impairment and can be transdiagnostic; the article examines how to formulate cognitive difficulties to identify treatment targets.

The distinctive psychopathology of NMDAR-antibody encephalitis vs primary psychoses (Lancet Psychiatry)
An international multicentre analysis found NMDAR-antibody encephalitis shows a distinctive psychopathology evolving from mood to psychotic to catatonic predominance within two weeks — aiding differentiation from other psychoses.

Catatonia in patients with anti-NMDA receptor encephalitis (PubMed)
Of 58 patients, 70.6% experienced catatonia (immobility, staring, mutism, posturing), associated with delirium, hallucinations and agitation; all recovered after immunotherapy.

3. Contributions

With sincere thanks to Prof Jesús Ramírez Bermúdez for sharing his work with the group.

Towards a Latin American neuropsychiatry: challenges and opportunities (Lancet Regional Health – Americas)
Latin America's unique neuropsychiatric risk factors call for a region-specific, cross-disciplinary, multi-professional neuropsychiatry.
Shared by: Prof Jesús Ramírez Bermúdez

The spectrum of psychosis in people with neurological disease (BJPsych Advances)

Examines the neurology–psychiatry intersection in assessing psychosis, highlighting neurological disorders linked to psychosis and the need for a multidisciplinary approach.

Shared by: Prof Jesús Ramírez Bermúdez

Relearning the epistemology, history and future of neuropsychiatry (Front Hum Neurosci)
Proposes a renewed paradigm integrating deep phenotyping, dimensional research and integrative models, emphasising lived experience and interdisciplinary collaboration.

Shared by: Prof Jesús Ramírez Bermúdez

Abnormal MRI patterns in anti-NMDA receptor encephalitis: a comparative study (PubMed)
MRI abnormalities in ANMDARE commonly involve medial temporal, paralimbic and posterior neocortical regions, with pachymeningeal enhancement also observed.

Shared by: Prof Jesús Ramírez Bermúdez

From dementia praecox to autoimmune psychosis: diagnostic challenges of the schizophrenias (Springer)
Traces schizophrenia's conceptual evolution, noting its diffuse boundaries and the difficulty of defining it as a natural kind or unitary entity.

Shared by: Prof Jesús Ramírez Bermúdez

4. Congratulations

Congratulations to everyone who participated in the RCPsych presidential and faculty elections 2026. Although there can only be one person in each post, all candidates have given so much to their community and speciality — in the truest sense, you are all winners.

Prof Subodh Dave — congratulations on taking on the President role at the RCPsych (and appointment as Brophy Visiting Professor). We wish him every success.

Prof Rohit Shankar — congratulations on election as Chair of the Intellectual Disability Faculty; his ongoing zeal will keep delivering for people with intellectual disability.

5. Surveys

Please consider participating and sharing these links with relevant colleagues.

Suicidality and self-harm resources in acquired brain injury (Monash University)

From Jai Carmichael (Monash University): researchers seek neuropsychiatric perspectives on resources for suicidality and self-harm in acquired brain injury, via a 15-minute survey or a Zoom interview.

Survey: redcap.link/abicopingsurvey
Interview (EOI): redcap.link/abicopinginterview
Email: abicoping@monash.edu

Neuroimaging survey (training session)

From Rama Sakhuja — a two-minute neuroimaging survey for a training session: complete the survey

6. Books Shared

The Evolving Brain: How to Thrive in a World We Weren't Made For
Dr Paul Goldsmith.

Psychiatric Neurology: A Clinical Approach
Sheldon Benjamin, MD and Kathy Niu, MD.

7. Meetings & Events

GNG meetings — save the date

21 May — Neuropsychology for the Non-Neuropsychologist, Prof Vaughan Bell.

28 May — Journal Club.

Other meetings

INA & SA Biological Psychiatry Congress
26–29 November 2026 · Century City Conference Centre, Cape Town
In collaboration with the International Neuropsychiatric Association (INA). Submit symposia and oral/poster abstracts via the congress website.

RANZCP Section of Neuropsychiatry Conference
12–15 November 2026 · Gold Coast, Queensland
Hosted by the RANZCP Section of Neuropsychiatry in collaboration with the FND Group, Intellectual Disability Section and the Global Neuropsychiatry Group (GNG). A four-day programme across genetics, FND and dementia, with hands-on learning, lived-experience talks and wellness activities.

8. Research

Get involved — reply to join the research group or circulate the surveys within your networks, especially in low- and middle-income settings.

GNG has partnered with the HKU School of Clinical Medicine and the Melbourne Medical School Developmental Mental Health Research group on two global studies (part of a Lancet Psychiatry Series) evaluating ADHD-related stigma and the societal impact of ADHD, with particular focus on low- and middle-income countries. The studies are co-chaired by Prof David Coghill and Prof Patrick Ip, with online surveys examining the socio-economic costs of ADHD alongside public, perceived and internalised stigma. Please get in touch if you would like to join.

9. References

Papers and resources cited above, with links.

1. THC/CBD in Tourette syndrome. NEJM Evidence. [link]

2. Suicidal thoughts and behaviors in anti-NMDA receptor encephalitis. J Neuropsychiatry Clin Neurosci. [link]
3. Dementia in severe treatment-resistant schizophrenia (SETRS). [link]
4. Management of REM sleep behavior disorder: AASM systematic review and GRADE assessment. [link]
5. Clinical trials in REM sleep behaviour disorder: challenges and opportunities. JNNP. [link]
6. Haemophagocytic lymphohistiocytosis precipitated by lamotrigine. Pract Neurol. [link]
7. Creutzfeldt–Jakob-like presentation in anti-AMPAR encephalitis. Ann Neurol. [link]
8. Isolated psychosis during exposure to very high and extreme altitude. [link]
9. Electroconvulsive therapy: long-term risks and benefits from administrative health data. [link]
10. Novel drug treatments for schizophrenia. Nat Rev Drug Discov. [link]
11. ADHD in adults with epilepsy: a guide for neurologists. [link]
12. Autism spectrum disorder and epilepsy: mechanisms and therapeutic implications. J Clin Med. [link]
13. Unilateral abdominal seizures as a manifestation of neurocysticercosis. [link]
14. Functional cognitive disorders: clinical presentations and treatment approaches. Pract Neurol. [link]
15. Distinctive psychopathology of NMDAR-antibody encephalitis vs primary psychoses. Lancet Psychiatry. [link]
16. Catatonia in patients with anti-NMDA receptor encephalitis. [link]
17. Ramírez Bermúdez J. Towards a Latin American neuropsychiatry. Lancet Reg Health Am. [link]
18. Ramírez Bermúdez J. The spectrum of psychosis in people with neurological disease. BJPsych Adv. [link]
19. Ramírez Bermúdez J. Relearning the epistemology, history and future of neuropsychiatry. Front Hum Neurosci. [link]
20. Abnormal MRI patterns in anti-NMDA receptor encephalitis: a comparative study. [link]

Global Neuropsychiatry Group

Join our global community of neuropsychiatry clinicians and researchers

Membership is open to neurologists, neuroscientists, psychiatrists, psychologists, allied-health professionals, trainees and students with an interest in the neurology–psychiatry interface. Join for

monthly academic meetings, case discussions, surveys and this newsletter — and connect with us online:

Website: globalneuropsychiatry.org
Email: globalneuropsychiatryg@gmail.com

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